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## GRAYCARY. TECHNOLOGY'S LEGAL EDGE®

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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
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| <b>Attorney Docket No.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | COHU1200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| <b>Client Matter Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | 8203-165905                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
| <b>First Inventor or Application Identifier:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | SAMER KABBANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
| <b>Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | MINIATURE FLUID-COOLED HEAT SINK WITH INTEGRAL HEATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| <b>Express Mail Label No.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | EV 318 740 986 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
| <b>Application Elements</b><br>(See MPEP chapter 600 concerning utility patent application contents)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | <b>ADDRESS TO:</b> Commissioner For Patents<br>BOX PATENT APPLICATION<br>P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/>(Submit an original, &amp; duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u>]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>• Descriptive title of the Invention</li><li>• Cross References to Related Applications</li><li>• Statement Regarding Fed sponsored R&amp;D</li><li>• Background of the Invention</li><li>• Brief Summary of the Invention</li><li>• Brief Description of the Drawings (if filed)</li><li>• Detailed Description</li><li>• Claim(s)</li><li>• Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>8</u>]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s)<br/>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |                   | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment (9 pgs.)</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Express Mail Certification</p> <p>17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i).<br/>Applicant must attach form PTO/SB/35 or its equivalent</p> <p>18. <input checked="" type="checkbox"/> OTHER: Check #554483 in the amount of \$824.00</p> |                                       |
| <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: _____</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| <b>18. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| <p><input checked="" type="checkbox"/> Customer Number (25548)<br/>Or Bar Code Label</p> <p>OR</p> <p><input type="checkbox"/> Correspondence Address Below</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | ATTN: Mark M. Takahashi<br>GRAY CARY WARE & FREIDENRICH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
| <b>ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | 4365 Executive Drive, Suite 1100<br>San Diego, CA 92121-2133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| Direct Telephone: 858/638-6748                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Patent Group Fax No.: 858/638-6727                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |
| Name (print/type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MARK M. TAKAHASHI |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Registration No.:<br>(Attorney/Agent) |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | FEB. 23, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |



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## FEE TRANSMITTAL

|                       |               |
|-----------------------|---------------|
| Attorney Docket No.   | COHU1200      |
| First Named Inventor: | Samer Kabbani |
| Application Number    | Unknown       |
| Filing Date:          | Herewith      |
| Examiner Name:        | Unknown       |
| Group/Art Unit:       | Unknown       |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOTAL AMOUNT OF PAYMENT:      | <b>\$824.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| METHOD OF PAYMENT (check One) | 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:<br><br>Deposit Account No.: 50-2258<br>Deposit Account Name: GRAY CARY WARE & FREIDENRICH<br><br><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><br>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other |

## 2. UTILITY Basic Filing Fee &amp; Claims

| (1) For                                     | (2) No. filed | (3) No. extra | (4) Large Entity | (5) Small Entity | (6) Calculations |
|---------------------------------------------|---------------|---------------|------------------|------------------|------------------|
| Basic Filing Fee                            | XX            | XX            | \$ 770.00        | \$385.00         | \$770.00         |
| Total Claims                                | 23 - 20 =     | 3             | X \$ 18.00       | X \$ 9.00        | \$54.00          |
| Independent Claims                          | 3 - 3 =       | 0             | X \$ 86.00       | X \$ 43.00       | \$0.00           |
| Multiple Dependent Claim(s) (if applicable) |               |               | \$ 290.00        | \$145.00         | \$0.00           |
| Total of above Calculations =               |               |               |                  |                  | <b>\$824.00</b>  |

| Basic Filing Fee              | Large Entity | Small Entity | Total     |
|-------------------------------|--------------|--------------|-----------|
| Design filing fee             | \$340.00     | \$170.00     | \$ 000.00 |
| Reissue filing fee            | \$770.00     | \$385.00     | \$ 0.00   |
| Provisional filing fee        | \$160.00     | \$80.00      | \$ 0.00   |
| Total of above Calculations = |              |              | \$        |

## 3. ADDITIONAL FEES

| Fee Description | Large Entity | Small Entity |                 |
|-----------------|--------------|--------------|-----------------|
|                 |              |              |                 |
|                 | \$           | \$           | \$              |
|                 | \$           | \$           | \$              |
|                 | \$           | \$           | \$              |
| TOTAL:          |              |              | <b>\$824.00</b> |

|                   |                   |                                       |               |
|-------------------|-------------------|---------------------------------------|---------------|
| Name (print/type) | MARK M. TAKAHASHI | Registration No.:<br>(Attorney/Agent) | 38,631        |
| Signature         | <i>MM-T</i>       | Date                                  | FEB. 23, 2004 |

EV318740986US

**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

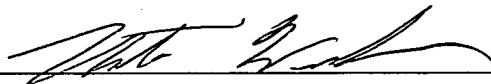
"EXPRESS MAIL" MAILING LABEL NUMBER EV 318 740 986 US

DATE OF DEPOSIT: February 23, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE OF ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, MAIL STOP PATENT APPLICATION, ALEXANDRIA, VIRGINIA 22313-1450

Robert Wickman

Name



Signature

COHU1200  
U.S. Patent Application  
8203-165905